

County: Marathon  
 COLONIAL MANOR MEDICAL/REHABILITATION CENTER  
 1010 EAST WAUSAU AVENUE

Facility ID: 2290

Page 1

WAUSAU 54403 Phone: (715) 842-2028  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 150  
 Total Licensed Bed Capacity (12/31/01): 150  
 Number of Residents on 12/31/01: 144

Ownership: Limited Liability Partnership  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 143

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| Services Provided to Non-Residents |     | Age, Sex, and Primary Diagnosis of Residents (12/31/01) |       |            |       | Length of Stay (12/31/01)       |       |  |  |
|------------------------------------|-----|---|-------|------------|-------|---------------------------------|-------|--|--|
|                                    |     | Primary Diagnosis                                       | %     | Age Groups | %     | Less Than 1 Year                |       |  |  |
| Home Health Care                   | No  |   |       |            |       | 1 - 4 Years                     | 47.2  |  |  |
| Supp. Home Care-Personal Care      | No  |   |       |            |       | More Than 4 Years               | 33.3  |  |  |
| Supp. Home Care-Household Services | No  | Developmental Disabilities                              | 1.4   | Under 65   | 6.3   |                                 | 19.4  |  |  |
| Day Services                       | No  | Mental Illness (Org./Psy)                               | 6.3   | 65 - 74    | 6.9   |                                 |       |  |  |
| Respite Care                       | No  | Mental Illness (Other)                                  | 2.1   | 75 - 84    | 29.9  |                                 | 100.0 |  |  |
| Adult Day Care                     | No  | Alcohol & Other Drug Abuse                              | 0.0   | 85 - 94    | 47.9  | *****                           |       |  |  |
| Adult Day Health Care              | No  | Para-, Quadra-, Hemiplegic                              | 0.0   | 95 & Over  | 9.0   | Full-Time Equivalent            |       |  |  |
| Congregate Meals                   | No  | Cancer  | 2.1   |            |       | Nursing Staff per 100 Residents |       |  |  |
| Home Delivered Meals               | No  | Fractures   | 11.1  |            | 100.0 | (12/31/01)                      |       |  |  |
| Other Meals                        | No  | Cardiovascular  | 20.8  | 65 & Over  | 93.8  |                                 |       |  |  |
| Transportation                     | No  | Cerebrovascular   | 11.1  |            |       | RNs                             | 15.1  |  |  |
| Referral Service                   | No  | Diabetes  | 5.6   | Sex        | %     | LPNs                            | 4.0   |  |  |
| Other Services                     | Yes | Respiratory   | 6.3   |            |       | Nursing Assistants,             |       |  |  |
| Provide Day Programming for        |     | Other Medical Conditions                                | 33.3  | Male       | 34.0  | Aides, & Orderlies              |       |  |  |
| Mentally Ill                       | No  |   |       | Female     | 66.0  |                                 |       |  |  |
| Provide Day Programming for        |     |   | 100.0 |            |       |                                 |       |  |  |
| Developmentally Disabled           | No  |   |       |            | 100.0 |                                 |       |  |  |

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#### Method of Reimbursement

| Medi care<br>(Title 18) |     |       | Medi caid<br>(Title 19) |     |       | Other                |     | Pri vate<br>Pay |                      |     | Fami ly<br>Care |                      | Managed<br>Care |     |                      |     |       |                      |                          |                |
|-------------------------|-----|-------|-------------------------|-----|-------|----------------------|-----|-----------------|----------------------|-----|-----------------|----------------------|-----------------|-----|----------------------|-----|-------|----------------------|--------------------------|----------------|
| Level of Care           | No. | %     | Per<br>Di em<br>(\$)    | No. | %     | Per<br>Di em<br>(\$) | No. | %               | Per<br>Di em<br>(\$) | No. | %               | Per<br>Di em<br>(\$) | No.             | %   | Per<br>Di em<br>(\$) | No. | %     | Per<br>Di em<br>(\$) | Total<br>Resi -<br>dents | %<br>Of<br>All |
| Int. Skilled Care       | 0   | 0.0   | 0                       | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0             | 0                    | 0               | 0.0 | 0                    | 0   | 0.0   | 0                    | 0                        | 0.0            |
| Skilled Care            | 24  | 100.0 | 288                     | 100 | 100.0 | 101                  | 0   | 0.0             | 0                    | 18  | 100.0           | 151                  | 0               | 0.0 | 0                    | 2   | 100.0 | 270                  | 144                      | 100.0          |
| Intermediate            | --- | ---   | ---                     | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0             | 0                    | 0               | 0.0 | 0                    | 0   | 0.0   | 0                    | 0                        | 0.0            |
| Limited Care            | --- | ---   | ---                     | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0             | 0                    | 0               | 0.0 | 0                    | 0   | 0.0   | 0                    | 0                        | 0.0            |
| Personal Care           | --- | ---   | ---                     | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0             | 0                    | 0               | 0.0 | 0                    | 0   | 0.0   | 0                    | 0                        | 0.0            |
| Residential Care        | --- | ---   | ---                     | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0             | 0                    | 0               | 0.0 | 0                    | 0   | 0.0   | 0                    | 0                        | 0.0            |
| Dev. Disabled           | --- | ---   | ---                     | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0             | 0                    | 0               | 0.0 | 0                    | 0   | 0.0   | 0                    | 0                        | 0.0            |
| Traumatic Brain Inj     | 0   | 0.0   | 0                       | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0             | 0                    | 0               | 0.0 | 0                    | 0   | 0.0   | 0                    | 0                        | 0.0            |
| Ventilator-Dependent    | 0   | 0.0   | 0                       | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0             | 0                    | 0               | 0.0 | 0                    | 0   | 0.0   | 0                    | 0                        | 0.0            |
| Total                   | 24  | 100.0 |                         | 100 | 100.0 |                      | 0   | 0.0             |                      | 18  | 100.0           |                      | 0               | 0.0 |                      | 2   | 100.0 |                      | 144                      | 100.0          |

| *****  |      |  |             |                                      |                     |                           |
|--|------|--|-------------|--------------------------------------|---------------------|---------------------------|
| Admissions, Discharges, and Deaths During Reporting Period |      | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01 |             |                                      |                     |                           |
|  |      | -----  |             |                                      |                     |                           |
| Percent Admissions from                                    |      | Activities of  | %           | % Needing Assistance of              | % Totally Dependent | Total Number of Residents |
| Private Home/No Home Health                                | 5.9  | Daily Living (ADL)   | Independent | One Or Two Staff                     |                     |                           |
| Private Home/With Home Health                              | 5.4  | Bathing  | 0.0         | 88.2                                 | 11.8                | 144                       |
| Other Nursing Homes  | 3.4  | Dressing   | 16.7        | 78.5                                 | 4.9                 | 144                       |
| Acute Care Hospitals                                       | 85.4 | Transferring   | 31.3        | 61.8                                 | 6.9                 | 144                       |
| Psych. Hosp. -MR/DD Facilities                             | 0.0  | Toilet Use   | 23.6        | 61.8                                 | 14.6                | 144                       |
| Rehabilitation Hospitals                                   | 0.0  | Eating   | 81.9        | 15.3                                 | 2.8                 | 144                       |
| Other Locations  | 0.0  | *****  |             |                                      |                     |                           |
| Total Number of Admissions                                 | 205  | Continence   | %           | Special Treatments                   | %                   |                           |
| Percent Discharges To:                                     |      | Indwelling Or External Catheter  | 8.3         | Receiving Respiratory Care           | 12.5                |                           |
| Private Home/No Home Health                                | 48.2 | Occ/Freq. Incontinent of Bladder   | 58.3        | Receiving Tracheostomy Care          | 0.0                 |                           |
| Private Home/With Home Health                              | 0.0  | Occ/Freq. Incontinent of Bowel   | 33.3        | Receiving Suctioning                 | 0.0                 |                           |
| Other Nursing Homes  | 4.1  |  |             | Receiving Ostomy Care                | 6.9                 |                           |
| Acute Care Hospitals                                       | 13.7 | Mobility   |             | Receiving Tube Feeding               | 2.1                 |                           |
| Psych. Hosp. -MR/DD Facilities                             | 0.0  | Physically Restrained  | 2.1         | Receiving Mechanically Altered Diets | 43.8                |                           |
| Rehabilitation Hospitals                                   | 0.0  |  |             |                                      |                     |                           |
| Other Locations  | 4.1  | Skin Care  |             | Other Resident Characteristics       |                     |                           |
| Deaths   | 29.9 | With Pressure Sores  | 4.9         | Have Advance Directives              | 100.0               |                           |
| Total Number of Discharges                                 |      | With Rashes  | 2.8         | Medications                          |                     |                           |
| (Including Deaths)   | 197  |  |             | Receiving Psychoactive Drugs         | 54.2                |                           |

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities  
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|  | This Facility % | Ownership: Peer Group % | Ratio | Bed Size: 100-199 Peer Group % | Ratio | Licensure: Skilled Peer Group % | Ratio | All Facilities % | Ratio |
|--|-----------------|-------------------------|-------|--------------------------------|-------|---------------------------------|-------|------------------|-------|
| Occupancy Rate: Average Daily Census/Licensed Beds   | 94.4            | 82.7                    | 1.14  | 83.8                           | 1.13  | 84.3                            | 1.12  | 84.6             | 1.12  |
| Current Residents from In-County                     | 83.3            | 82.1                    | 1.01  | 84.9                           | 0.98  | 82.7                            | 1.01  | 77.0             | 1.08  |
| Admissions from In-County, Still Residing            | 30.2            | 18.6                    | 1.62  | 21.5                           | 1.41  | 21.6                            | 1.40  | 20.8             | 1.45  |
| Admissions/Average Daily Census                      | 143.4           | 178.7                   | 0.80  | 155.8                          | 0.92  | 137.9                           | 1.04  | 128.9            | 1.11  |
| Discharges/Average Daily Census                      | 137.8           | 179.9                   | 0.77  | 156.2                          | 0.88  | 139.0                           | 0.99  | 130.0            | 1.06  |
| Discharges To Private Residence/Average Daily Census | 66.4            | 76.7                    | 0.87  | 61.3                           | 1.08  | 55.2                            | 1.20  | 52.8             | 1.26  |
| Residents Receiving Skilled Care                     | 100             | 93.6                    | 1.07  | 93.3                           | 1.07  | 91.8                            | 1.09  | 85.3             | 1.17  |
| Residents Aged 65 and Older                          | 93.8            | 93.4                    | 1.00  | 92.7                           | 1.01  | 92.5                            | 1.01  | 87.5             | 1.07  |
| Title 19 (Medicaid) Funded Residents                 | 69.4            | 63.4                    | 1.10  | 64.8                           | 1.07  | 64.3                            | 1.08  | 68.7             | 1.01  |
| Private Pay Funded Residents                         | 12.5            | 23.0                    | 0.54  | 23.3                           | 0.54  | 25.6                            | 0.49  | 22.0             | 0.57  |
| Developmentally Disabled Residents                   | 1.4             | 0.7                     | 1.98  | 0.9                            | 1.58  | 1.2                             | 1.18  | 7.6              | 0.18  |
| Mentally Ill Residents                               | 8.3             | 30.1                    | 0.28  | 37.7                           | 0.22  | 37.4                            | 0.22  | 33.8             | 0.25  |
| General Medical Service Residents                    | 33.3            | 23.3                    | 1.43  | 21.3                           | 1.57  | 21.2                            | 1.57  | 19.4             | 1.72  |
| Impaired ADL (Mean)                                  | 39.0            | 48.6                    | 0.80  | 49.6                           | 0.79  | 49.6                            | 0.79  | 49.3             | 0.79  |
| Psychological Problems                               | 54.2            | 50.3                    | 1.08  | 53.5                           | 1.01  | 54.1                            | 1.00  | 51.9             | 1.04  |
| Nursing Care Required (Mean)                         | 9.1             | 6.2                     | 1.47  | 6.5                            | 1.41  | 6.5                             | 1.40  | 7.3              | 1.24  |